

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=62-029035**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**7193**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

**FILED AUG 6 1962**

1. PLACE OF DEATH

a. COUNTY

**St. Louis (city)**

b. CITY (If outside corporate limits, give TOWNSHIP only)

**St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

**Mo.**

b. COUNTY

admission)

c. CITY

OR

TOWN

**St. Louis**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

**2230 Chouteau Ave.**

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

**2230 Chouteau Ave.**

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

**William**

**Edward**

**Patch**

4. DATE

OF

DEATH

Month

Day

Year

**July**

**21**

**1962**

5. SEX

**M.**

6. COLOR OR RACE

**W.**

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**12/22/75**

9. AGE (last birthday)

**86**

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**Arteriosclerosis Heart Disease**  
**Generalized Arteriosclerosis**  
**420.0**

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw him alive on

Death occurred at

**7:00 A**

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

**Paul J. Simon**

**1300 Clark**

**7/23/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

**Cremation**

**7/24/1962**

**Valhalla Crematory**

**St. Louis County, Missouri**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**Parker-Aldrich, Webster Groves, Mo.**

**JUL 23 1962**

**Paul Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Holston Grove Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.